**Request for Assistive Technology Support**

OCPS Assistive Technology Team

434 North Tampa Avenue

Orlando, FL 32805

407-317-3504 Fax 407-317-3526

atteam@ocps.net

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESE Programs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Information:**

Staffing Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cisco Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-referral activities must be completed and documented. \*\*Attach documentation\*\***

Request for AT support is an IEP team decision, list the IEP team members who are requesting this support (must include ESE Case Manager/Teacher and at least one other professional):

|  |  |  |
| --- | --- | --- |
| Team Member | Title | Email: |
|  |  |  |
|  |  |  |
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An AT Team member will advise Staffing Specialist if and when Consent for Re-evaluation is required. However, if consent has already been obtained, list date of the consent \_\_\_\_\_\_\_\_\_\_\_.

**Has the student been previously screened by the AT Team?**

❒ Yes: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ No ❒ Unsure

**Medical Diagnosis/Concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check all that describe the student:**

* No gross or fine motor concerns
* Carries items less than 10 lbs safely
* Limited hand use in one or both hands
* Has issues manipulating small objects
* Walks with walker/assistance
* Uses a manual/power wheelchair independently
* Requires others to push wheelchair
* Vision concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hearing concerns \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best time to see this student? Day(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Environment:**

The student is working on: ❒Access Points ❒NGSSS

Teacher name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ESE ❒Gen Ed

|  |  |  |
| --- | --- | --- |
| Services: (Name) | Day | Time |
| SLP: |  |  |
| OT: |  |  |
| PT: |  |  |
| Vision: |  |  |
| Hearing: |  |  |
| Other: |  |  |

|  |  |  |
| --- | --- | --- |
| Class Schedule for Middle and High School Students | | |
| Period | Teacher | Subject |
|  |  |  |
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**Tasks**

What classroom task(s) is the student having difficulty completing/participating in? If this is a parent request, list parent concerns. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Concerns that AT can address:**

Check one box in **each** row. Read each statement carefully and consider the standards and benchmarks the student is working on before checking. **ALL** boxes in yellow require an additional form to be attached; requests for support will not be accepted until all documentation has been received.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expressive Communication** | No concerns at this time - student is able to communicate effectively in the classroom or classroom communication needs are being met. | Student has expressive communication needs due to a deficit in pragmatics or language. Speech production is intelligible. Classroom communication needs are being met. | Student’s expressive communication is unintelligible, student is nonverbal, and/or student’s present communication system is not meeting their needs.  ***Complete communication attachment*** | Student does not have a consistent, effective means of communication.  ***Complete communication attachment*** |
| **Computer Access** | No concerns in this area- uses standard keyboard/mouse or classroom computer, needs are being met. | No concerns- student has access to and appropriately uses alternate methods in class (i.e. single button mouse, switch); classroom computer needs are being met. | Concerns need to be addressed in this area; student is not using the keyboard, mouse, and/or switch effectively.  ***Complete physical access attachment*** | Student does not have a way to physically access the computer in class.  ***Complete physical access attachment*** |
| **Reading** | No concerns at this time- student is reading on grade level or classroom reading needs are being met. | Student has access to appropriate text (digital/audio books, symbols) to complete class assignments; classroom reading needs are being met. | Student has difficulty accessing text appropriate for classroom expectations.  ***Complete reading and writing attachment*** | Student is unable to access text.  ***Complete reading and writing attachment*** |
| **Writing** | No concerns at this time - student is able to complete written assignments (handwritten/typed) without difficulty or classroom writing needs are being met. | Student has an alternate means of writing and uses appropriately (i.e. alternate keyboard, pictures); classroom writing needs are being met. | Student’s mode of written production is not functional for classroom assignments (illegible, spelling errors, difficulty with letter formation and/or spacing).  ***Complete reading and writing attachment*** | Student does not have a way to put words/thoughts on paper.  ***Complete reading and writing attachment*** |

Additional Comments and Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Send the referral **and** appropriate supplemental forms to the AT Team via email [atteam@ocps.net](mailto:atteam@ocps.net) or

fax 407-317-3526.